PTO.SB/22 (19-07)
Approved for use inhrough 10/31/2007 O.M8 0655-0031
U.S. Patient and Trademank Office, U.S. DEPARTMENT OF COMMERCE
Under the Papersonk Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2006		59559-8009.US01	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 09/328,053	3	Filed	June 8, 1999
For MOTION DRIVEN ACCESS TO OBJECT VIEWERS (AS FILED)			
Art Unit 2629		Examiner	K, W. Chang
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fe	
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2207. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-3045.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. R			
attorney or agent under 37 CF Registration number if acting			
		Octo	ber 25, 2007
Signature		Date	
David T. Xue		(650) 838-4300	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below			
Total of forms are su	bmitted.		